

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO. 107018513	FILING DATE				
						APPLICANT(S)					
3-16-05 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3		1		TOTAL IND.				
TOTAL DEP.	1		3		0		TOTAL DEP.				
TOTAL CLAIMS	4		6		1		TOTAL CLAIMS				